

RELEASE FORM & INFORMATION SHEET 2017-2018

Up to four children from the SAME HOUSEHOLD may register on this form. FORM MUST BE FULLY COMPLETED.

CHILD Last & First Name(s): _____, _____

Family Address: _____ City: _____ Zip: _____

Primary e-mail: _____ Primary phone: (_____) _____

Children's primary language: _____ Parent's primary language: _____

Physician's name: _____ Physician's phone (_____) _____

Health Insurance Provider: _____ Policy Number: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian #1: _____ Relationship to Child: _____

Cell phone: (_____) _____ Home phone: (_____) _____

Work phone: (_____) _____ Employer: _____

e-mail address: _____ Date of Birth: _____

Resides with child? Yes No (Home Address: _____ City: _____ Zip: _____)

Parent/Guardian #2: _____ Relationship to Child: _____

Cell phone: (_____) _____ Home phone: (_____) _____

Work phone: (_____) _____ Employer: _____

e-mail address: _____ Date of Birth: _____

Resides with child? Yes No (Home Address: _____ City: _____ Zip: _____)

EMERGENCY CONTACTS AND RELEASE PERSONS

In addition to parent/guardian(s) listed above, identify those who have your permission to pick up your child(ren) or should be contacted if you are unreachable during an emergency. **It is mandatory to list at least (1) person.**

Name: _____ Relationship to Child: _____

Home: (_____) _____ Cell: (_____) _____ e-mail: _____

Name: _____ Relationship to Child: _____

Home: (_____) _____ Cell: (_____) _____ e-mail: _____

Name: _____ Relationship to Child: _____

Home: (_____) _____ Cell: (_____) _____ e-mail: _____

Name: _____ Relationship to Child: _____

Home: (_____) _____ Cell: (_____) _____ e-mail: _____

PARTICIPANT INFORMATION

CHILD # 1 NAME: _____ Date of Birth: ____/____/____
Grade In Fall: _____ School: _____ Gender: _____
Is this child currently taking any medication? No Yes: (name of medication) _____
Does this child have any allergies? No Allergies YES (If your child has allergies, please check all that apply below)
 Seasonal Bee Sting Food allergies (list): _____
 Medication allergies (list): _____ Other (list): _____
Does this child have any physical restrictions? No Yes: (describe) _____
Does this child require a special accommodation? No Yes (complete Accommodation Form)
Date of last tetanus shot: ____/____/____ Immunizations current? Yes No (which: _____)
Camp attending: Camp Moorpark Adventure Camp (for Adv Camp: Allowed to sign self in/out: Yes No)

CHILD # 2 NAME: _____ Date of Birth: ____/____/____
Grade In Fall: _____ School: _____ Gender: _____
Is this child currently taking any medication? No Yes: (name of medication) _____
Does this child have any allergies? No Allergies YES (If your child has allergies, please check all that apply below)
 Seasonal Bee Sting Food allergies (list): _____
 Medication allergies (list): _____ Other (list): _____
Does this child have any physical restrictions? No Yes: (describe) _____
Does this child require a special accommodation? No Yes (complete Accommodation Form)
Date of last tetanus shot: ____/____/____ Immunizations current? Yes No (which: _____)
Camp attending: Camp Moorpark Adventure Camp (for Adv Camp: Allowed to sign self in/out: Yes No)

CHILD # 3 NAME: _____ Date of Birth: ____/____/____
Grade In Fall: _____ School: _____ Gender: _____
Is this child currently taking any medication? No Yes: (name of medication) _____
Does this child have any allergies? No Allergies YES (If your child has allergies, please check all that apply below)
 Seasonal Bee Sting Food allergies (list): _____
 Medication allergies (list): _____ Other (list): _____
Does this child have any physical restrictions? No Yes: (describe) _____
Does this child require a special accommodation? No Yes (complete Accommodation Form)
Date of last tetanus shot: ____/____/____ Immunizations current? Yes No (which: _____)
Camp attending: Camp Moorpark Adventure Camp (for Adv Camp: Allowed to sign self in/out: Yes No)

CHILD # 4 NAME: _____ Date of Birth: ____/____/____
Grade In Fall: _____ School: _____ Gender: _____
Is this child currently taking any medication? No Yes: (name of medication) _____
Does this child have any allergies? No Allergies YES (If your child has allergies, please check all that apply below)
 Seasonal Bee Sting Food allergies (list): _____
 Medication allergies (list): _____ Other (list): _____
Does this child have any physical restrictions? No Yes: (describe) _____
Does this child require a special accommodation? No Yes (complete Accommodation Form)
Date of last tetanus shot: ____/____/____ Immunizations current? Yes No (which: _____)
Camp attending: Camp Moorpark Adventure Camp (for Adv Camp: Allowed to sign self in/out: Yes No)

Signature on release form required to complete enrollment. Form may not be altered.

Camp Moorpark & Adventure Camp Enrollment Agreement and Release Form

SIGNATURE REQUIRED TO COMPLETE REGISTRATION! RELEASE MAY NOT BE ALTERED.

RELEASE FORM: *Please read the following information carefully. Your signature below indicates that you have read this agreement and release and fully understand and agree to abide by the terms of Camp Moorpark and Adventure Camp. This form must be initialed at each section and signed in order to enroll in and attend Camp Moorpark and/or Adventure Camp.*

Participant Name(s): _____,

TRIP AND ACTIVITY APPROVAL

I, the undersigned, hereby grant permission for my child(ren) to attend all Camp Moorpark excursions and trips. I grant permission for my child(ren) to participate in Camp Moorpark activities including but not limited to sports, crafts, games, field days, and special events. Trips include transportation to and from trip destinations.

Initial:

MOVIE APPROVAL

I grant permission for my child(ren) to view movies with MPAA ratings of G or PG in Camp Moorpark, and MPAA ratings of G, PG, or PG-13 in Adventure Camp.

Initial:

BEHAVIOR CODE AND CAMP RULES

Good behavior is expected at all times. Harmful or disruptive behavior will result in appropriate disciplinary action, up to and including expulsion from camp. Unacceptable behavior and/or abusive language by parent(s) or guardian(s) may also result in a child being expelled. No refunds will be issued for single day suspensions. Refunds or credits will be issued according to the City's cancellation and withdrawal policy and camp registration policies as stated in the camp packet for multiple day suspensions or expulsion from camp. Campers are expected to abide by camp rules at all times. I agree to abide by the terms of the behavior code and camp rules.

Initial:

RESTRICTIONS ON ELECTRONIC DEVICES

Electronic devices, including video games, MP3 players/iPods, and iPads/digital readers are not permitted at camp. Cell phones are permitted only in Adventure Camp, and may be used only while at the trip site. Camp Moorpark is not responsible for lost, damaged, or stolen items. I agree to abide by these terms.

Initial:

REGISTRATION POLICY AND FEES

I agree to abide by the terms and conditions outlined in the Registration Policy. I understand that Recreation Division office staff must receive registrations a minimum of five business days in advance in order to qualify for the regular camp rate. All camp registrations are subject to availability. I understand that registrations received with less than five business days notice will be accepted at a higher rate and are subject to availability. I understand that no child can attend camp without paying the required fees. I understand there is, and agree to pay, the required processing fee for any returned checks.

Initial:

REFUND, CREDIT, TRANSFER, AND ABSENCE POLICY

I agree to abide by the terms and conditions outlined in the camp packet for transfers, refunds, credits, and sick days. I agree to have deducted from any transfer, credit, or refund the processing and withdrawal fees as described in the camp packet. **I understand that no credit, refund, or transfer will be given without a minimum of one business day notice. I further understand that credits, refunds, or transfers are not given for sick days or other absences.** I understand that the annual enrollment fee and theme park pass fee are nonrefundable.

Initial:

PROGRAM AND ACTIVITY CANCELLATION POLICY

Camp trips must meet a minimum number of participants and the City reserves the right to change, combine, or cancel trips and activities as necessary. The City will strive to provide at least one business day notice of a trip change or cancellation.

Initial:

Enrollment Agreement and Release Form

SIGN IN/SIGN OUT POLICY

Extended care hours begin at 7:00 am and conclude at 6:00 p.m. Monday through Friday. Children may be dropped off no earlier than 7:00 a.m. Children must be picked up no later than 6:00 p.m. I agree to have my child(ren) signed in and out each day according to the Sign In and Sign Out Policy. I understand that there is, and agree to pay, a \$5 fee for every 5 minutes, or part thereof, that my child(ren) attends camp beyond the end of extended care. Child(ren) not picked up by 6:30 p.m. will be released to the custody of the Moorpark Police Department. I agree to abide by the Camp Hours and Extended Care Policy.

Initial:

ADVENTURE CAMP AUTHORIZATION FOR PARTICIPANT SIGN IN AND OUT: I authorize my child(ren) attending Adventure Camp to sign himself/herself in and/or out of camp each day.

(Initial one): ____ YES or ____ NO

PHOTOGRAPHY RELEASE

I hereby grant the City of Moorpark, at its discretion and free of charge, permission to use videos, still photography, likenesses, images, media, and/or voice recordings of my child(ren) or myself participating in City sponsored recreation programs for the purpose of publicizing or promoting said programs. The name(s) of my child(ren) or myself will not be used in conjunction herewith without my written permission.

Initial:

INFORMED CONSENT AND RELEASE:

I, the undersigned, and my child(ren), are voluntarily participating in Camp Moorpark and/or Adventure Camp. I understand that such participation does not establish or imply an employer-employee or an agency relationship with the City of Moorpark. I agree and acknowledge that some activities may be of a hazardous nature and/or include physical and/or strenuous exercise or activity and understanding this, I state that I have no knowledge of any condition that would prohibit me or my child(ren) from safely participating. In consideration of the request and permission to participate in the above referenced program, I hereby assume full responsibility for all risk of injury or loss which may result from my or my child(ren)'s participation in this activity and hereby AGREE TO DEFEND, INDEMNIFY, HOLD HARMLESS, RELEASE AND FOREVER DISCHARGE the City of Moorpark, from any and all acts of negligence and all claims and demands whatsoever, which the undersigned, any third person, or any persons acting under their behalf, have or may have against the City of Moorpark, by reason of any accident, illness, injury to or death of any person or persons, or damage to or loss or destruction of any property arising or resulting directly or indirectly from participation in the referenced activity, and occurring during said participation, or any time subsequent thereto. The terms of this release will serve as a release and assumption of risk for my heirs, executors and administrators and for all of my family members. Please note: The City of Moorpark does not provide any insurance coverage of any kind for participants. The City of Moorpark strongly recommends that appropriate insurance be obtained by each participant.

Initial:

PERMISSION FOR MEDICAL TREATMENT & TRANSPORT:

I grant the City of Moorpark and agents thereof, permission to call 911 in the event that myself or my child(ren) require advanced first aid or medical treatment. I further grant permission to transport myself or my child(ren) to a center of advanced care. I grant permission to any and all physicians, surgeons, medical personnel, and emergency medical technicians or paramedics to treat myself or my child(ren) if such treatment is reasonably required.

Initial:

Signature of Parent or Guardian _____ Date _____

Print Name: _____

Participant Name(s): _____, _____
_____, _____

CITY USE ONLY

Staff Name _____ Medications Confirmed _____ Allergies Confirmed _____

All Signatures on Form _____ All Initials on Form _____ Camp Shirt Size(s) _____, _____, _____, _____